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NOV 29 2011

Application for License to Operate a Long-term Care Facility For Office Use Only Received 11/29/11 Amount 900.00

OFFICE OF INSPECTOR GENERAL

		# 10608
t. IDENTIFICATION		
Name	Homestead Nursing Cent	ter of New Castle Ki
Address -	50 Adams ST.	
City/County/Zip	New Castle, Henry	Cty 40050
Telephone numbe	r 502-845-2861	
Administrator	Donald Dalger	
Date facility opera	tion began at current address	70
Date facility began	n operation under current owner	970
II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	60	_60
Intermediate Care		Service American and American a
ICF/MR		
Personal Care		
II. CONTROL (che	eck one in each column)	
State County City Private	Profil Nonprofit	Individual Partnership Corporation LLC
II. OWNERSHIP		
Name and address partners. Russell 3/47 Gust Lexination	s of individual owner, partners or corporate of the sole of the so	oration. If partnership, list

If facility owned or leased by a corpo	oration, complete the following:
Name of corporation	
Address of corporation/	
President or Chairman	
Vice President MA	
Secretary N/A	
Treasurer <u>MA</u>	
Attach a separate sheet listing the n a twenty-five (25) percent ownership	ames and addresses of each person having at least interest in the facility.
If owned by a corporation, attach a seach officer or director of the corpor	eparate sheet listing the names and addresses of ation.
If owned by a partnership, attach a seach partner.	eparate sheet listing the names and addresses of
Name and address of parent corpora	ation and/or management company, if applicable.
Parent	Management Company
to the Office of Inspector General and a net that this facility and all aspects of its ope supplifiance by all state agency licensure	ation that affects my licensure status will be reported w application will be completed at that time. I agree ration shall be open at all times to inspection and personnel. I certify that the information given in the best of my knowledge and recognize that denial or revocation of licensure. Administration Date
Return Application and fee to:	Office of Inspector General 275 East Main Street, 5E-A Frankfort, Kentucky 40621

OIG 5 (10/2002)